



Youth Apprenticeship (YA) Success Story or Event Details Template

YA Consortium Name	
High School Name	
County	
City	
Follow-up Contact Name (YA Regional or Local Coordinator or High School Contact)	
Follow-up Contact Email and Phone	
YA Participant Name	
YA Participant DOB (at least month and year)	
Suggested Usage	<input type="checkbox"/> Social Media <input type="checkbox"/> Article <input type="checkbox"/> Suggested DWD Visit <input type="checkbox"/> Combined Press Release <input type="checkbox"/> Share on DWD YA Homepage <input type="checkbox"/> Other:
Do you have a DWD Photo/Video Release Form signed by the Participant and their parent? Yes No	
YA Employer Name	
YA Employer Contact Name; Email; and Phone	
Do you have a DWD Photo/Video Release Form from the Employer? Yes No	
Overview (Please provide a synopsis; what is the success that we are highlighting?)	
Additional Information (e.g. involves other partners or time sensitive)	
Submission Date	
Are you including photos or video with this success story submission? Yes No	

Email completed form and photos/videos to: YA@dwd.wisconsin.gov